

MICHIGAN DEPARTMENT OF EDUCATION SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to MarshH@michigan.gov.

CHECK THE APPROPRIATE BOX:

- | | | |
|--|---|---|
| <input type="checkbox"/> For Profit Company | <input checked="" type="checkbox"/> Local School District | <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Public School Academy | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based Organization |

Section 1: Provider Identification

Name of Entity South Range Elementary

Name of Director Kim Harris

Address P.O. Box 69 **City** South Range **State** MI **Zip** 49963

Phone 906 482-4430 **Fax** 906 487 5948 **Email** harrisk@adams.k12.mi.us

Proposed Location of Services (if different from above):

Address 2 Whealkate Ave **City** South Range **State** MI **Zip** 49963

If different from Director:

Name of Contact Person _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____ **Email** _____

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes No ☒

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

Houghton County

2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: 2 Whealkate Ave South Range MI 49963

Site Location #2: _____

Site Location #3: _____

3. Transportation – Provide information about accessibility to public transportation from your site:Not very accessible.**4. Indicate if you are willing to provide services to eligible students at the school site:**Yes ☒ No ☐**Section 3: Provider Academic/Instructional Program Information****1. Subject Areas Covered** – List all subject areas you address in working with students:ELA & Math**2. Grade Level Able to Serve** – Indicate the grade levels you are able to serve: K-6**3. Time of Services** – Indicate when you deliver services to students:☐ Before School ☒ After School ☐ Weekends ☐ Summer ☐ Other _____**4. Mode of Instructional Delivery** – Describe the methods by which your program delivers instruction to students:☒ Individual Tutoring ☒ Small Group Instruction ☐ Large Group Instruction
☐ Online Web-Based ☐ Other _____**5. Schedule of Services** – Indicate the length of each tutoring session and number of sessions per week:Length of Session :60 min Number of Sessions per Week 4**6. Staffing** – Indicate the type(s) of staff that provide instruction to students:☒ Certified Teachers ☒ Paraprofessionals ☐ Volunteers ☐ Other _____**7. Special Populations Served** – Indicate special populations you are able to serve:☒ Special Education ☐ Limited English Proficient ☒ Other At Risk**Section 4: Provider Fees****Cost/Fee Structure** – Check and complete the cost/fee structure you use:☒ \$35.00 per Hour (unit of time, e.g., hour, week, etc.) per student.☐ \$ _____ (flat fee) for _____ (unit of time, e.g., month, semester, year) per student.